)5-0	7	-0
------	---	----

A

➡ Please type a plus sign (+) inside this box → +

PTO/SB/05 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office¹ U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. C-472/TEC1154

First Inventor TODD W. HERRICK

Title DIELECTRIC TERMINAL DESIGN

APPLICATION ELEMENTS ADDRESS TC: ABORESS TC: ADDRESS TC: ABORESS TC: ABORESS TC: ADDRESS TC: ABORESS TC: ABORESS TC: ADDRESS TC: ABORESS TC: ADDRESS TC: ABORESS TC: ABORESS TC: ADDRESS TC: ABORESS TC: ADDRESS TC: Brain Reparation and adupticate for fee processing) Applicant claims small entity status. Brain Agoretic and a familiar per adupticable and for Amino Acid Sequence Submission or (a spillcable, all necessary) A price price in the invention and a computer program (Applicable, all necessary) Brain Agoretic and Application Acid Sequence Submission or (a spillcable, all necessary) Brain Agoretic and Application Acid Sequence Submission or (a spillcable, all necessary) Brain Agoretic and Application Acid Sequence Submission or (a spillcable, all necessary) Brain Agoretic and Application Acid Sequence Submission or (a spillcable, all necessary) Brain Agoretic and Application Acid Sequence Submission or (a spillcable, all necessary) Brain Agoretic and Application Acid Sequence Submission or (a spillcable, all necessary) Brain Agoretic and Application Acid Sequence Submission or (a spillcable, all necessary) Brain Agoretic and Ag	(Only for new	w nonprovisional applications under 37 CFR 1.53(b)) Express				
Fee Transmital Form (e.g., PTO/SB17) Commuter Program (Applead) and outpleate for fee processing) Applicant claims small entity status.	See MPEP		ADDRESS TO: Box Patent Application Washington, D.C. 20231			
a. Newly executed (original or copy) b. Copy from a prior application (37 CFR 1.63(d)) b. (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 163(d)(2) and 1.33(b) 7 Application Data Sheet. See 37 CFR 1.76 8. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Information: 8. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application information: 8. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Information: 8. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.: / Prior application information: Examiner Group / Art Unit Gr	S S (4	ree Transmittal Form (e.g., PTO/SB/17) Submit an original, and a duplicate for fee processing) Applicant claims small entity status. Specification Preferred arrangement set forth below) Descriptive title of the invention Cross Reference to Related Applications Statement Regarding Fed sponsored R & D Reference to sequence listing, a table, or a computer program listing appendix Background of the Invention Brief Summary of the Invention Brief Description of the Drawings (if filed) Detailed Description Claim(s) Abstract of the Disclosure	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement (when there is an assignee) 11. English Translation Document (if applicable) 12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations			
To an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) Prior application Information: Examiner For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied and is hereby incorporated by the incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label 00832 or Correspondence address below (Insert Customer No. or Attach bar code label here) BAKER & DANIELS Name Address City Fort Wayne State IN Zip Code 46802 Country USA Telephone (219) 424-8000 Fax (219) 460-1700 Registration No. (Attorney/Agent) 40,181	b. [a. Newly executed (original or copy) b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1 63(d)(2) and 1.33(b) Return Receipt Postcard (MPEP 503) (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed) Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/3 or its equivalent.				
Name Address City Fort Wayne State IN Zip Code 46802 Country USA Telephone (219) 424-8000 Fax (219) 460-1700 Name (Pnnt/Type) Michael D. Smith Registration No. (Attorney/Agent) 40,181	To in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) Prior application information: Examiner Group / Art Unit For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label 00832 or Correspondence address below					
Address		BAKER & DANIELS	-			
City Fort Wayne State IN Zip Code 46802 Country USA Telephone (219) 424-8000 Fax (219) 460-1700 Name (Pnnt/Type) Michael D. Smith Registration No. (Attorney/Agent) 40,181	Name					
Country USA Telephone (219) 424-8000 Fax (219) 460-1700 Name (Print/Type) Michael D. Smith Registration No. (Attorney/Agent) 40,181	Address	111 East Wayne Street, Suite 800				
Name (Print/Type) Michael D. Smith Registration No. (Attorney/Agent) 40,181	City	Fort Wayne State	IN Zip Code 46802			
10,101	Country	USA Telephone	(219) 424-8000 Fax (219) 460-1700			
10,101	Name	C (Pnot/Type) Michael D Smith	Registration No. (Attorney/Agent) 40 191			
Signature Date May 4, 2001			Date May 4, 2001			

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL	Complete if Known				
for FY 2001	Application Number				
	Filing Date				
B. 45	First Named Inventor	TODD W. HERRICK			
Patent fees are subject to annual revision.	Examiner Name				

Group Art Unit

TOTAL AMOUNT OF PAYMENT	\$916.00	Atto	rney D	ocket	No.	C-472/TEC1154		
METHOD OF PAYMENT		FEE CALCULATION (continued)						
1. The Commissioner is hereby authorized to char indicated fees and credit any overpayments to:	· J.	ADDIT			ES			
Deposit Account Number 02-0385	Fee Code	Fee (\$)	Small Fee Code	Fee (\$)		Fee Descripti		Fee Paid
Deposit	10	5 130	205			arge - late filing fee o		
Account Name BAKER & DANIELS	12	7 50	227	25	Surch: sheet	arge - late provisiona	I filing fee or cover	
Charge Any Additional Fee Required	13		139			English specification		
Under 37 CFR §§ 1 16 and 1 17 Applicant claims small entity status		7 2,520				ng a request for ex p		
See 37 CFR § 1 27	111	2 920*	112	920*	0* Requesting publication of SIR prior to Examiner action			
2. Payment Enclosed:	11:	3 1,840*	113	1,840*	0* Requesting publication of SIR after Examiner action			
Check Credit card Money Order	Other 11	5 110	215	55	Extens	ion for reply within fi	rst month	
FEE CALCULATION	110	6 390	216	195	195 Extension for reply within second month			
1. BASIC FILING FEE	111	7 890	217	445	Extens	sion for reply within th	ird month	
Large Entity Small Entity	118	8 1,390	218	695	Extens	sion for reply within fo	urth month	
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee P	aid 128	8 1,890	228	945	Extens	ion for reply within fit	th month	
101 710 201 355 Utility filing fee 71	0.00	9 310	219	155	5 Notice of Appeal			
106 320 206 160 Design filing fee	120	310	220	155	Filing	a brief in support of a	n appeal	
107 490 207 245 Plant filing fee	12	1 270	221	135	Reque	st for oral hearing		
108 710 208 355 Reissue filing fee	138	B 1,5 1 0	138	1,510	Petitio	n to institute a public	use proceeding	
114 150 214 75 Provisional filing fee	140	110	240	55	Petitio	n to revive - unavoida	able	
SUBTOTAL (1) \$710	.00 141	1 1,240	241	620	Petition	n to revive - unintenti	onal	
2. EXTRA CLAIM FEES	142	2 1,240	242	620	620 Utility issue fee (or reissue)			
Fee from _	143	3 440	243	220	220 Design issue fee			
	Paid 144	4 600	244	300	Plant is	ssue fee		
Independent 4 3** = 1 X 80.00 = 1	26.00 30.00	2 130	122	130 Petitions to the Commissioner		ner		
Claims Solution August 1 Augus	123	3 50	123	50	50 Processing fee under 37 CFR § 1.17(q)			
Large Entity Small Entity Fee Fee Fee Fee Fee Description	126	180	126	180	Submis	ssion of Information E ent	Disclosure	
Code (\$) Code (\$)	581	l 40	581	40	Record (times	ling each patent assignumber of properties	gnment per property	
103 18 203 9 Claims in excess of 20 102 80 202 40 Independent claims in excess o	146 f 3	710	246	355	Filing a (37 CF	submission after fina R § 1.129(a))	al rejection	
104 270 204 135 Multiple dependent claim, if not	paid 149	710	249	355	For eac	ch additional invention R § 1.129(b))	n to be examined	
109 80 209 40 ** Reissue independent claims over original patent	179	710	279	355		st for Continued Exar	mination (RCE)	
110 18 210 9 ** Reissue claims in excess of 2	169	900	169	900	Reques	st for expedited exam	ınation	
and over original patent		ner fee (s	pecify)		or a de	sign application		
SUBTOTAL (2) \$206	Other fee (specify) SUBTOTAL (2) \$206.00						L	
**or number previously paid, if greater; For Reissues, see above			/ Basic	Filing F	Fee Paid	subtot	AL (3)	
SUBMITTED BY Complete (if applicable)								
Name (Pnnt/Type) Michael D. Smith		Registra		Т	40,18		(219) 424-8	000
Signature Unit 1 1000		(Attorney/	Agent)			Data	(22) 4270	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)			Docket No.	
Serial No.	Filing Date	Examiner	Group Art Unit	
vention: DIELECTRI	IC TERMINAL DESIGN			
	e following correspondence:			
UTILITY PATENT A	PPLICATION			
	(Identify type	of correspondence)	•	
	1, 2001	ant Commissioner for Patents, Wa	ashington, D.C. 20231 on	
4. 67.799		MICHELLE L. M (Typed or Printed Name of Person Ma	VEAL	
MAY 4		(Signature of Person Mailing C	Neal	
		EL731384786	US	
200 14. 14.		("Express Mail" Mailing La	bel Number)	
	Note: Each paper must h	ave its own certificate of mailing.		